

# Reminder Sheet for Your Doctor Visit

This form may assist you in getting ready to visit your doctor. Hopefully it will help you remember all those questions you've been thinking about since your last appointment. It's important that you have all the information available to you when you visit your doctor, so that you and your doctor can make informed medical decisions that are right for you. Feel free to make copies of this form to use in the future.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Primary Doctor (PCP): \_\_\_\_\_

Phone #: \_\_\_\_\_

## TODAY'S VISIT

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for this doctor visit:

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Questions I want to ask:

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Follow-up on things I need to do:

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NEXT APPOINTMENT Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_

DOCTOR NAME: \_\_\_\_\_

## CURRENT MEDICATIONS

Maintain an up-to-date list of all the medications you take, including over-the-counter products, vitamins or herbal remedies. Be sure to:

- Keep a written list of the name, dose and reason you're taking each medication
- Update your list to include new prescriptions or allergies
- Review the list with your doctor at each office visit
- Carry this list with you at all times

Medication	Dosage	How often	Reason for Medication

## ALLERGIES: MEDICATION/OTHER (e.g., food, latex)

Medication/Other	Allergic Reaction

## HEALTH HISTORY

Illnesses and Chronic Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accidents/Surgeries/Hospitalizations:

\_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you signed or asked your doctor about an Advanced Directive? Y N

Health Care Proxy's Name: \_\_\_\_\_ Proxy's Phone #: \_\_\_\_\_